

ISSUE SLIP STAPLE AREA for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	P.H.		4/7
FORMALITY REVIEW	K.L.	1019 001113	07 06 01 01 21 01

INDEX OF CLAIMS

Rejected

N

Non-elected

Allowed

I

Interference

Canceled

A

Appeal

Restricted

O

Objected

(Through numeral)

Claim	Date
Final	Original
1	5/10/01
2	5/10/01
3	5/10/01
4	5/10/01
5	5/10/01
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49	5/10/01
50	5/10/01

Claim	Date
Final	Original
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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3
9
19/6/01
SS